

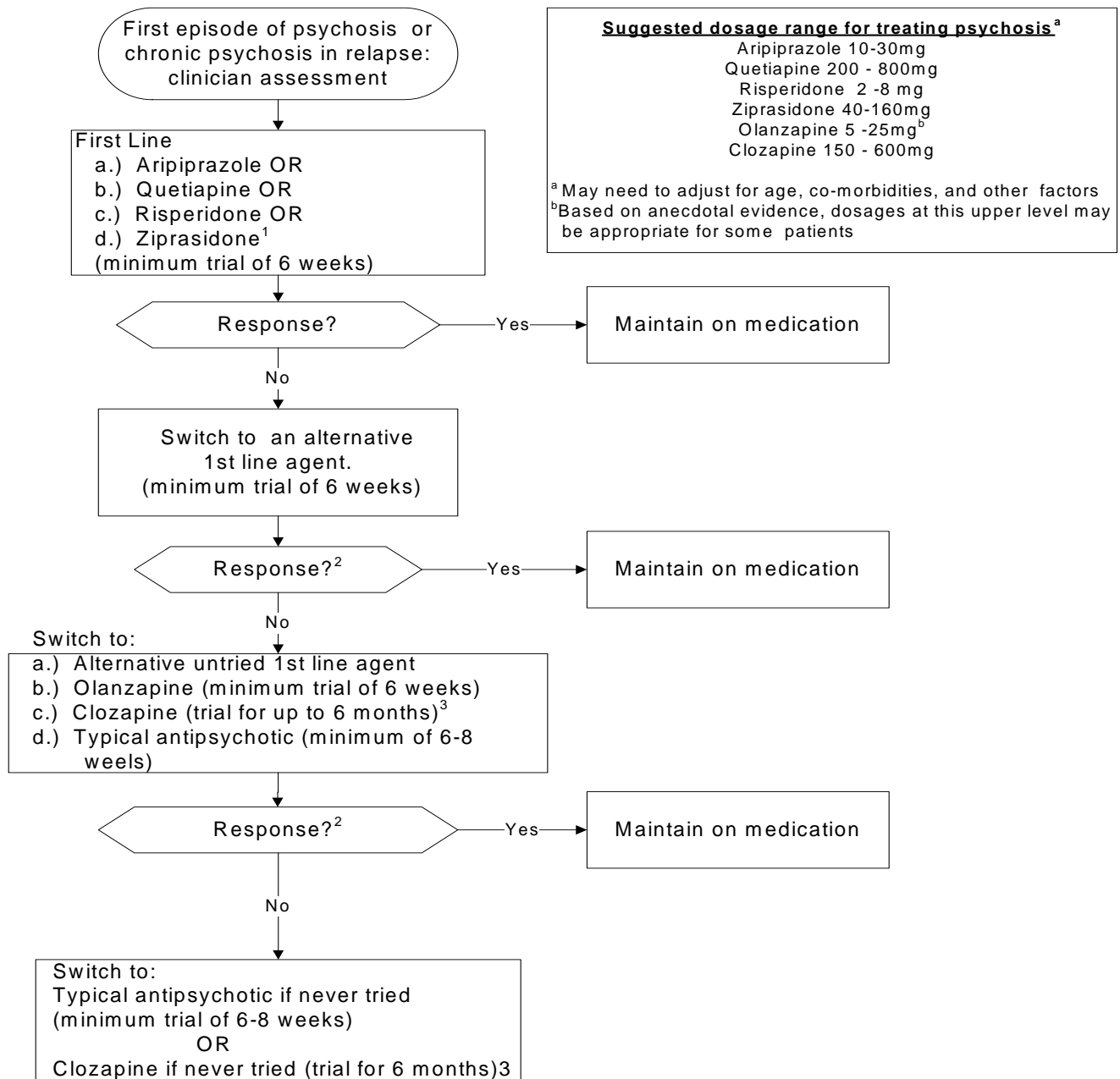
**Recommendations for Atypical Antipsychotic Use in  
Schizophrenia and Schizoaffective Disorders**  
Department of Veterans Affairs Pharmacy Benefits Management Strategic Healthcare Group, Medical  
Advisory Panel, and Mental Health Strategic Healthcare Group

*Selection of therapy for individual patients is ultimately based on physicians' assessment of clinical circumstances and patient needs. At the same time, prudent policy requires appropriate husbanding of resources to VA to meet the needs of all our veteran patients. These guidelines are not intended to interfere with clinical judgment. Rather, they are intended to assist practitioners in providing cost effective, consistent high quality care. The following recommendations are dynamic and will be revised as new clinical data becomes available.*

Consensus goals:

1. Prioritize the use of atypical antipsychotic medication for new antipsychotic medication starts and for patients not responding to or having problematic side effects on typical antipsychotic medication.
2. Though differences in the clinical effectiveness and the pharmacoeconomics profile of the atypicals have been suggested by some studies, there is no consensus in the literature to support one being globally superior to another; therefore, once the physician determines there are no patient specific issues, begin therapy with an effective, less expensive agent. At the present time, this would lead to the preference of aripiprazole, quetiapine, risperidone, and ziprasidone over olanzapine.
3. Utilize current local approaches of clinical assessment to determine response to medication and whether medication changes are indicated. Such assessment should include the presence and severity of positive and negative symptoms, Abnormal Involuntary Movement Scale score, tremor, and Global Assessment of Functioning Scale.
4. Data suggests that the atypical antipsychotics are associated with weight gain, hyperglycemia, treatment emergent diabetes, and other metabolic effects. Monitoring of weight, fasting blood glucose, and serum lipids is recommended prior to initiation of treatment and periodically during the course of therapy. (See <http://vaww.pbm.va.gov/guidelines/Atypical%20AntipsychoticsME.pdf> or <http://www.pbm.va.gov/guidelines/Atypical%20AntipsychoticsME.pdf> )

**Recommendations for Atypical Antipsychotic Use in Schizophrenia and Schizoaffective Disorders - continued**  
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<sup>1</sup> See ziprasidone criteria for use at [www.vapbm.org](http://www.vapbm.org) for contraindications to using this drug.

<sup>2</sup> Consider a trial of risperidone long-acting or other long-acting depot antipsychotics for patients non-adherent to therapy. See risperidone long-acting criteria for use at [www.vapbm.org](http://www.vapbm.org).

<sup>3</sup> Patient eligible for clozapine trial - suboptimal response or adverse events to 2 or more antipsychotics

### Atypical Antipsychotic Cost Per Day

Atypical Antipsychotic	Daily Dose, mg	Cost/day, \$ (Split tablet cost)
Risperidone	2 - 8	(2.69) 3.37 – 10.74
Quetiapine	200 – 800	(3.11) 3.68 – 9.28
Ziprasidone	120 – 160	6.26 – 6.24
Aripiprazole	10 – 30	(3.08) 6.15 – 6.15
Olanzapine	5 – 20	(3.03) 4.41 – 12.49